

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10716417  
APPLICANT(S)

FILED (DATE)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
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47						
48						
49						
50						
TOTAL BID.						

478

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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100						
TOTAL BID.						